

Maternal and Child Health Services Funded by the NC Department of Health and Human Services

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FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

Presentation Outline

- Overview of NC Maternal & Child Health Indicators
- Role of DHHS Operating Divisions
- Description of Specific Programs/Services
- Overview of Evidence-Based Maternal and Child Health Programs
- Summary

NC Maternal and Child Health Indicators

- NC infant mortality rate has declined and is at an all-time low, but it remains significantly higher than the US average. North Carolina ranks 40th among all 50 states in infant mortality
- In 2013, NC had 2,160 fetal and infant deaths
 - Prematurity/Low birth weight, birth defects, maternal conditions and perinatal conditions are contributing factors
 - Maternal complications include pre-existing chronic conditions like asthma, kidney, diabetes, heart disease or alcohol/drug addiction, as well as acute conditions like infections, complications or pregnancy, and post-surgical complications
- Nearly 30% of pregnant women in NC did not receive any prenatal care in the first trimester

Early prenatal care can identify risk factors and address health concerns before they present a problem for the mother or the infant

NC Maternal and Child Health Indicators

- 10,509 NC babies were born with low or very low birth weight in 2013
 - 8.8% of NC births
- Babies born with a low birth weight (less than 5.5 pounds):
 - have a high probability of delayed development and short- and long-term disabilities
 - are at greater risk of dying within the first year of life.

DHHS Maternal and Child Health Services

- Five divisions administer, fund, or provide healthcare services for pregnant women, postpartum women, and children ages 0 to 5 years:
 - Division of Medical Assistance
 - Division of Mental Health/Developmental Disabilities/Substance Abuse Services
 - Division of Public Health
 - Division of Social Services
 - Division of State Operated Facilities

Division of Medical Assistance Maternal Health

- CCNC Pregnancy Medical Home Program
- CCNC Pregnancy Care Management Program

CCNC Pregnancy Medical Home Program

- Partnership between Community Care of North Carolina (CCNC), the Division of Medical Assistance (DMA) and the Division of Public Health (DPH)
- Goal is to improve the quality of perinatal care given to Medicaid recipients, thereby improving birth outcomes and reducing Medicaid spending
 - Provide coordinated, evidence-based maternity care management for women at risk for poor birth outcomes
- Recruits obstetrics practices to enroll as pregnancy medical home (PMH)
 - Includes eligible local health departments
- 48,057 pregnant women enrolled in Medicaid received PMH services in 2013

CCNC Pregnancy Medical Home Program

- PMH providers agree to:
 - Screen all pregnant Medicaid patients to determine if they have a high priority risk factor
 - Coordinate patient's care with a pregnancy care manager
 - Eliminate elective deliveries performed before 39 weeks of gestation
 - Offer and provide 17P to eligible patients
 - Achieve and maintain cesarean section deliveries at 20% or less
- PMH Providers receive:
 - \$50 for completing a risk screening at initial visit
 - \$150 for completing a post-partum office visit
 - Enhanced payment rate for normal deliveries – same rate as cesarean
 - A pregnancy care manager assigned to the practice
 - Coordination and support from local CCNC network
 - Exemption from prior approval on ultrasounds

PMH High Priority Risk Factors

- History of preterm birth
- History of low birth weight
- Multiple gestation
- Fetal complications
- Chronic medical conditions which may complicate pregnancy
- Unsafe living environment
- Substance or tobacco use
- Late entry into prenatal care
- Missing two or more prenatal appointments without rescheduling
- Unanticipated hospital utilization
 - Including emergency department visit

Pregnancy Medial Home Program Outcomes

CCNC reports that since the launch of PMH in April 2011

- The rate of **low birth weight** in the Medicaid population has decreased
 - from 11.2% in the year ending March 2012 to 10.53% in the year ending March 2013 and remained at the reduced rate in the year ending March 2014
- The rate of **very low birth weight** in the Medicaid population has decreased
 - from **2.02%** in SFY13 to **1.87%** in SFY14, after being over 2% for the past decade
- The rate of **preterm birth** (deliveries before 37 weeks) has decreased, along with a shift in term births
 - fewer births at 37-38 weeks and more in the 39-41 week range
 - Increased utilization of 17p to prevent recurrent preterm birth
- The **cesarean delivery rate** has decreased slightly
- The rate of **first trimester prenatal care** remains unchanged
- The **postpartum visit rate** increased from 40.9% in 2011 to 46.5% in 2013

CCNC Pregnancy Care Management Program

- Statewide, population-based program that strives for positive and healthy outcomes for pregnant women and their infants
 - Serves Medicaid and non-Medicaid eligible women
- Local health departments receive funding to provide pregnancy care management services in their area
 - Each health department receives a \$5.32 PMPM for each female Medicaid enrollee aged 14 to 44 living in its catchment area, regardless of pregnancy status
- Health departments use the payments to provide:
 - Non-clinical, pregnancy care management services
 - Health promotion and prevention activities
- In 2013, 42,070 women received pregnancy care management services

CCNC Pregnancy Care Management

- Pregnancy Care Managers are Registered Nurse or Social workers.
- Duties include:
 - Provide assistance in getting needed services such as medical care, transportation, food, or housing
 - Ensure that woman understands her prenatal care plan
 - Refer women to other programs/services such as childbirth classes, breastfeeding education, family planning, WIC
 - Coordinating across all care providers
 - Making follow-up appointments

Division of Mental Health/Developmental Disabilities/Substance Abuse Services

- NC Perinatal and Maternal Substance Abuse Initiative
- North Carolina Fetal Alcohol Prevention Program
 - MotherToBabyNC

NC Perinatal and Maternal Substance Abuse Initiative

- Provides substance abuse services for pregnant women and women, with dependent children, who have a substance use disorder
- Program Services include:
 - Screening and assessment
 - Case management
 - Outpatient substance abuse and mental health services
 - Parenting skills
 - Transportation
 - Childcare
 - Residential services (or access to these services)
 - Referrals and coordination for primary and preventative health care for the mothers and children
 - Referrals for appropriate developmental, mental health and prevention services for the children
- Residential services only are available Statewide

NC Perinatal and Maternal Substance Abuse Initiative

- FY 2013-14 participants served:
 - Over 1,300 women, entered substance abuse treatment services
 - included 353 pregnant women
 - Approximately 1,250 women received screening, brief intervention, and referral services
 - included 639 pregnant women
- FY 2013-14 Cost: \$6,172,016
 - Substance Abuse Prevention and Treatment Block Grant: \$2,729,316
 - General Fund: \$3,442,700

Perinatal Substance Use Specialist

- The Perinatal Substance Use Specialist provides information, referral and advocacy for pregnant and parenting women who may have a substance use disorder.
 - Contract with a non-profit agency to provide a 1-800 toll free telephone information and referral service
- Provides information, referral and advocacy for pregnant and parenting women who may have a substance use disorder.
 - Services are available to the public and to professionals to
 - Provide support in accessing substance abuse treatment services statewide.
- Provides technical assistance, training and education regarding screening and referrals to local health departments, departments of social services and other agencies in the community who work with this population

Perinatal Substance Use Specialist

- Maintains a capacity management (bed availability) listing of residential substance abuse services for pregnant and parenting women and their children to assist the public and professionals to identify appropriate and available services statewide
- Responsible for publicizing the availability of the NC Perinatal & Maternal Substance Abuse Initiative outpatient and residential services
- 223 women received services in FY 2013-14
- FY 2013-14 Expenditures: \$82,779
 - Federal receipts: \$37,779
 - General Fund: \$45,000

North Carolina Fetal Alcohol Prevention Program

- Targets Fetal Alcohol Spectrum Disorders(FASDs) by providing outreach and education on the dangers of alcohol use during pregnancy
 - Strives to decrease the incidence of preventable birth defects and developmental disabilities
 - provides education to pregnant women, women of child-bearing age, their significant others, and the professionals who work with them
 - Funds the *Mother To Baby North Carolina Pregnancy Exposure Riskline*
- FY 2013-14 expenditures: \$71,083
 - Served 285
- Services are available statewide

Division of Public Health Maternal and Child Health Programs

Division of Public Health: Maternal and Child Health Services

- The Division of Public Health (DPH) administers an array of maternal and child health programs and services
- In general, DPH does not provide direct services but instead allocates State, federal, and other receipts to direct service entities, primarily the local health departments, non-profits, private contractors
- Women's and Children's Health Section (WCH)
 - to assure, promote and protect the health and development of families with emphasis on women, infants, children and youth.
 - WCH programs place a major emphasis on the provision of preventive health services beginning in the pre-pregnancy period and extending throughout childhood

Women's and Children's Health Section

- Children and Youth: health promotion, prevention, early identification, treatment and intervention
 - Administers the Home Visiting Programs
- Early Intervention: administers the Infant-Toddler Program which provides supports and services for children, birth to three who have special needs
 - Children's Developmental Services Agencies (CDSA)
- Immunization: oversees the North Carolina Immunization Program (NCIP)
 - provides vaccines - at no charge - for eligible children from birth to 18 years old
 - Distributes vaccines to health care providers at no charge

Women's and Children's Health Section

- Nutrition Services: promotes sound nutrition habits among infants, children, and women in their child-bearing years
 - WIC - provides counseling, referrals, and food assistance to pregnant and postpartum women, infants, and children up to age 5
 - Child and Adult Care Food Program - provides reimbursement for meals and snacks served to eligible children and adults in non-residential child and adult care settings
 - Breastfeeding Promotion and Support - provides technical assistance and resources to promote and support women's decisions to breastfeed their infants
- Women's Health: administers programs and services that protect the health and well-being of infants and of women during their child-bearing years
 - Allocates funding and provides oversight to local health departments and community agencies for an array women's health services, including family planning, prenatal care, flu shots and other immunizations, and maternity care coordination

Maternal Health Program

- WCH oversees and provides funds to local health departments to support multiple maternal health programs/services for low and high risk low-income pregnant women
 - prenatal care
 - pregnancy care management
 - childbirth education
 - skilled nurse home visits
- State and federal funds are allocated to the 85 local health departments to provide the services
 - 66 local health department offer complete prenatal services
- FY 2013-14 DPH allocation to health departments:
 - Federal receipts: \$2,377,128
 - General Fund: \$3,104,126
 - \$5,481,254

17P Initiative

- Evidence-based initiative resulting from a partnership of the Division of Public Health, the Division of Medical Assistance, Community Care of North Carolina and the UNC Center for Maternal and Infant Health
- 17P (hydroxyprogesterone) is an intramuscular progesterone treatment administered on a weekly basis to pregnant women with a history of spontaneous preterm birth
 - reduces the risk of recurring pre-term births
 - performance expectation of all practices participating in the CCNC Pregnancy Medical Home program
- Division of Public Health funds a contract with the UNC Center for Maternal and Infant Health to support education and distribution of 17P
- In FY 2013-14, program funds were used to provide 17P to 90 uninsured women, who received an average of 10 injections each

High Risk Maternity Clinics

- High Risk Maternity Clinics are designed to identify and appropriately treat women with high-risk conditions.
 - Clinics provide care to prevent and improve the conditions that cause maternal or infant mortality and morbidity
- WCH provides funding to the State's network of High Risk Maternity Clinics to assure that women with high risk conditions, such as diabetes, receive needed specialized care and support services
 - Funds are provided to 10 local health departments and the ECU High Risk Maternity Clinic
- Local health departments and physicians refer pregnant women with a medically indicated high risk condition to the closest of High Risk Maternity Clinic

Maternal Health Programs

- **Medical Nutrition Therapy for Pregnant and Postpartum Women**
 - Medicaid reimbursable service that provides intensive nutrition intervention for pregnant women and those who have recently delivered a baby
 - Service is available by referral from local health department maternity clinics
- **Health and Behavior Intervention**
 - Medicaid reimbursable service to provide assistance to women and their families to address complex lifestyle issues that are likely to affect the health of the mother and her baby
 - Service is offered in some health departments by a licensed clinical social worker
- **Women's Health & Tobacco Use Program**
 - supports local health department efforts to implement the evidence-based “5As Intervention” (Ask, Advise, Assess, Assist, Arrange) with maternal health and family planning participants
- **March of Dimes**
 - Under a contractual arrangement, March of Dimes provides preconception and folic acid education for women before pregnancy to reduce birth defects, preterm birth, and infant mortality

Perinatal Quality Collaborative of NC (PQCNC)

- Collaborative of various stakeholders engaged in maternal-infant (perinatal) care in North Carolina
- Statewide organization headquartered in Chapel Hill at the UNC School of Medicine in the Department of Pediatrics
- Identifies opportunities to improve perinatal care and implements time limited statewide quality initiative projects
- PQCNC works with hospitals to focus on four objectives:
 - develop strategies to spread the use of best practice
 - reduce unnecessary variations in care
 - promote partnership with families and patients
 - optimize resources

Maternal Serum Screening

- Screens uninsured pregnant women for risk of having a child with a neural tube birth defect, Down Syndrome, or other chromosome abnormality
- Available statewide
- 2,343 women were screen in FY13-14
- FY 2013-14 Cost: \$280,532 General Fund

Newborn Screening Services

- Newborn screening identifies metabolic conditions and critical congenital heart defects that can affect a child's long-term health or survival.
 - Early detection, diagnosis, and intervention can prevent death or disability and enable children to reach their full potential.
- As required by statute, all babies born in North Carolina are tested, using blood collected at birth, for certain genetic, endocrine, and metabolic disorders.
- If screening results are abnormal, the Newborn Screening Program contacts the infant's doctor
 - The infant will be referred for more laboratory testing and, based on the results, may also be referred to a major medical center or a specialist for treatment

Newborn Screening Services

- Treatment centers include, but are not limited to:
 - Carolinas Medical Center, Charlotte
 - Duke University Medical Center, Durham
 - East Carolina University, Greenville
 - Mission Hospital, Asheville
 - University of North Carolina, Chapel Hill
 - Wake Forest University, Winston-Salem
- Available statewide
- Screened 127,893 newborn infants in FY13-14
- FY 2013-14 Cost: \$3,103,002 Federal Receipts

Baby Love Program

- Serves pregnant women enrolled in Medicaid for the purpose of promoting a healthy pregnancy and positive birth outcomes
- Provides prenatal and post-partum (up to 60 days after delivery) services
 - Childbirth Education
 - Medical home
 - Referrals to other programs/services such as WIC, dental care, counseling, family planning, etc.

Baby Love Program Home Visiting Services

- Maternal Care Skilled Nurse Home Visit -assess and treat pregnant women who have one or more specific high risk conditions
- Home Visit for Postnatal Assessment and Follow-up Care - provide health, social support, and/or educational services directly to families in their homes
 - Purpose of visit is to follow up on the mother's health; to counsel on family planning and infant care; and to arrange for additional appointments for the infant and mother
 - Must be conducted by a nurse who is not a Pregnancy Care Manager
 - Only one visit is allowed
- Home Visit for Newborn Care and Assessment - deliver health, social support, and/or educational services directly to Medicaid-eligible families
 - Infants ages birth to 60 days who receive Medicaid are eligible for this service

Baby Love Plus

- The Baby Love Plus Program strives to address racial disparities that affect infant mortality, and improve birth outcomes and the health of pregnant and interconceptional women and their families
- Program services include outreach, case management, education, and support services for fathers
- 2,475 women served in FY13-14
 - Counties served: Bertie, Edgecombe, Greene, Martin, Tyrrell, Washington, Pitt, Gates, Halifax, Hertford, Nash, Northampton, Guilford, and Forsyth.
- FY 2013-14 Cost: \$1,406,617 General Fund

Healthy Beginnings

- Healthy Beginnings minority infant mortality reduction program provides support to pregnant and interconceptional women and their children by providing case management and support activities that promote best practices in maternal and infant health.
 - Counties served: Forsyth, Gaston, Pitt, and Rowan, Buncombe, Northampton, Hertford, Granville, Vance, Lee, Columbus, and Guilford
 - 650 individuals served in FY13-14
- FY 2013-14 Cost:
 - Federal Receipts: \$354,672
 - General Fund: \$381,678
\$736,350

Key Measures	FY13-14 Outcomes
Infant Mortality Rate	0
Low Birth Weight Rate	12.5%
% Children Receiving Scheduled Well Child Visit 3-5 Days after Birth	89.4%

Maternal, Infant and Early Childhood Home Visiting

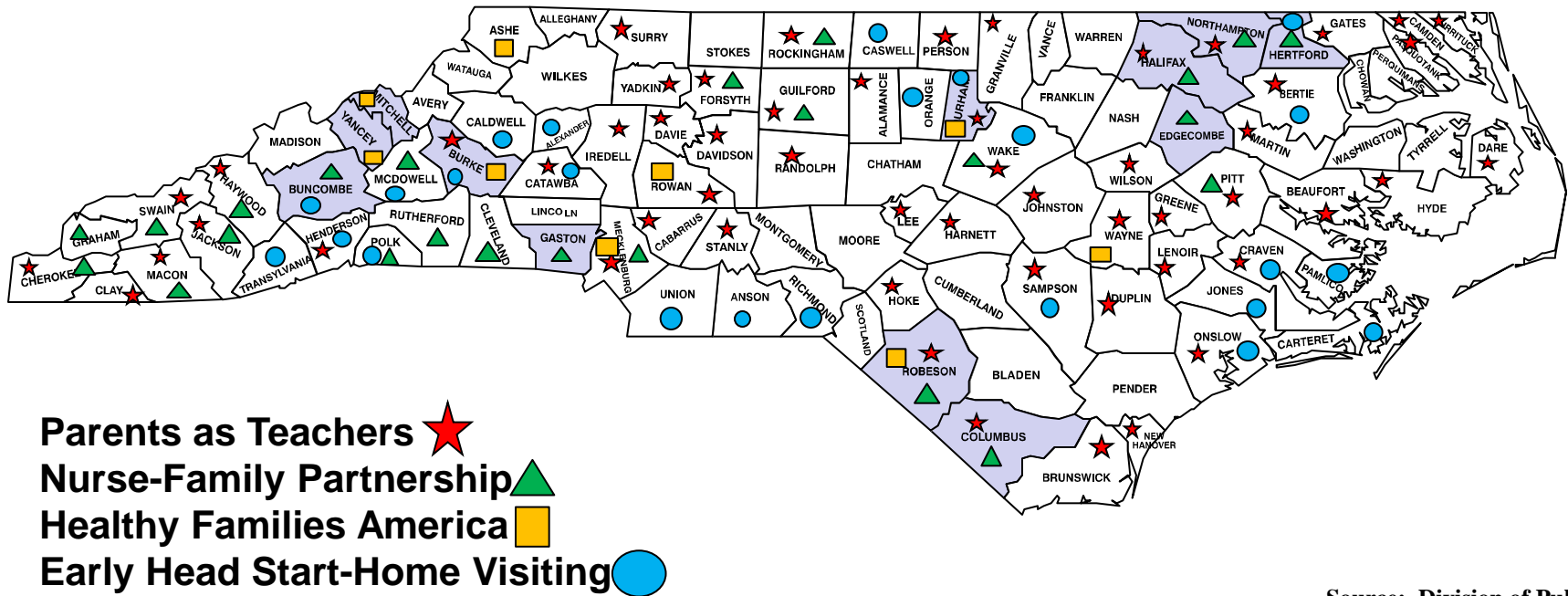
- Evidence-based home visiting programs have been shown to
 - Increase use of prenatal care and improved birth outcomes
 - Prevent child injuries, abuse and neglect, and decrease emergency department visits
 - Improve children's cognitive and emotional development
 - Improve school readiness and performance
- Serve first-time, low income mothers and at-risk families
 - Families receive regular, planned home visits
 - Participation is voluntary and they may choose to leave the program at any time
- Home visitors may be nurses, social workers, early childhood educators, paraprofessionals, trained lay persons

Maternal, Infant and Early Childhood Home Visiting

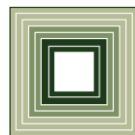
- Assess the family needs and provide services based on those needs:
 - Teach parenting skills
 - Provide information and guidance on a variety of topics including breastfeeding, nutrition, safe sleep position, well child care, injury prevention, etc.
 - Screen and provide referrals for issues such as postpartum depression, substance abuse, family violence
 - Screen children for developmental delays and facilitate early diagnosis and intervention for autism and other developmental disabilities.
 - Connect families to other appropriate services and resources
- U.S. Department of Health and Human Services recognizes 17 home visiting models that meet the criteria and are considered evidence-based
 - NC uses four models
 - Nurse Family Partnership Program (NFPP)
 - Healthy Families America (HFA)
 - Early Head Start (EHS)
 - Parents As Teacher (PAT)

North Carolina Evidence Based Home Visiting Programs

Counties with Programs funded by NC MIECHV (Maternal, Infant and Early Childhood Home Visiting) Formula Grant to States are Shaded
(March 2015)



Source: Division of Public Health, NC DHHS



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Maternal, Infant and Early Childhood Home Visiting

- FY 2013-14 Expenditures: \$4,116,939
 - Federal Receipts: \$3,036,738
 - General Fund: \$ 1,080,201
- 1,253 clients served in FY13-14
- Home Visiting Program services available in 78 counties

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- WIC serves pregnant women, postpartum and breastfeeding women, infants, and children less than 5 years of age at nutritional or medical risk and a household income less than 185% of poverty
 - provides nutrition education, breastfeeding promotion and support, nutritious foods, including specialized infant formulas, and referrals to other healthcare services
- Available statewide
- FY 2013-14 Cost: \$186,124,080 Federal Receipts
- Average 257,182 participants served per month in FY13-14

Pregnant Women	24,931
Postpartum and Breastfeeding Women	35,911
Infants	62,145
Children ages 1 to 5 years	134,195

WCH Pregnancy Care Management Program

- Separate program, not part of the CCNC initiative
- Provides specialized prenatal and postpartum care management services to low income, uninsured women who are ineligible for Medicaid
- Counties served: Buncombe, Cabarrus, Chatham, Duplin, Durham, Guilford, Henderson, Johnston, Mecklenburg, Montgomery, Moore, New Hanover, Pitt, Sampson, and Wake
 - Served approximately 1,400
- FY 2013-14 Cost: \$395,280
 - Federal Receipt: \$128,037
 - General Fund: \$267,243

Triple P (Positive Parenting Program)

- Triple P is a parenting program that aims to reduce the prevalence of child emotional, behavioral, and mental health problems
- Evidence-based
 - reduce child abuse
 - decrease hospitalizations from child abuse injuries
 - reduce foster care placements
- Parenting knowledge and skills-based training provided as one-on-one counseling, group settings, and online courses

Triple P (Positive Parenting Program)

- Education sessions may address specific family situations
 - Child with a serious behavior problem
 - Child with disabilities
 - Parents going through divorce or separation
 - Healthier, more active life styles
- Program services are available in 32 counties through the local health department
- FY 2013-14 Cost: \$2,422,408
 - Federal Receipt: \$1,602,409
 - General Fund: \$ 819,999

Young Families Connect: Engaging Communities

- Assist existing providers who are serving expectant and/or parenting women and men ages 13 – 24 years.
 - Provides community education/support
- Counties served: Bladen, Onslow, Robeson, Rockingham, and Wayne
 - Served 165 individuals
- FY 2013-14 Cost: \$619,384 Federal Receipts

Division of Social Services

Residential Maternity Homes

Residential Maternity Homes

- Maternity homes are facilities which provide residential and other services to adolescents and adult women during pregnancy and after delivery
- Division of Social Services contracts with seven homes to provide room and board services
 - Contract is for residential services only and does not include any other services
- Services are available statewide
 - Served 138 women in FY 2013-2014
- FY13-14 General Fund Expenditures: \$1,148,708

Residential Maternity Homes

- Division of Social Services contracts with seven homes, operated by non-profit agencies, to provide room and board services
 - Contract is for residential services only and does not include healthcare services or treatment
- Maternity Home rates compared to other types of residential facilities that receive State reimbursement

Facility Type	Average Daily Rate	Average Monthly Rate	% Maternity Home Rate
Adult Care Homes	\$39	\$1,182	31%
ACH-SCU	\$51	\$1,515	39%
Maternity Homes	\$129	\$3,870	
Nursing Homes	\$158	\$4,750	123%

Division of State Operated Healthcare Facilities

Walter B. Jones Alcohol and Drug Abuse Treatment Center (ADATC)

Perinatal Services

Walter B. Jones ADATC Perinatal Services

- Walter B. Jones ADATC provides perinatal services for pregnant and post-partum substance abusing women.
 - Women can bring their infant up to 12 months of age
 - Program is available to women from around the State
- Perinatal Services are provided in an inpatient setting
 - no pre-determined length of stay
 - women may choose to remain in treatment until they deliver, and return afterwards with her infant to complete treatment
- Walter B. Jones ADATC can accommodate any number of pregnant women (based on facility capacity), and up to five infants
 - In FY 2013-14 services were provided to 104 pregnant women and 13 post-partum women
- FY 2013-14 Estimated Cost: \$2,258,975
 - Estimated Receipts: \$189,371
 - General Fund: \$2,069,604

Evidenced -Based Maternal and Child Health Services

Evidence-Based Perinatal Services

- Medical Homes
 - CCNC Pregnancy Medical Home
- 17P
- Home Visiting Programs
 - Nurse Family Partnership Program (NFPP)
 - Healthy Families America (HFA)
 - Early Head Start (EHS)
 - Parents As Teacher (PAT)
- Perinatal Quality Collaborative of NC (PQCNC)
- CenteringPregnancy
- Alcohol Screening and Brief Intervention
 - NC Perinatal and Maternal Substance Abuse Initiative

Evidence-Based Services Prevention and Health Promotion for Women and Children

- Breastfeeding Promotion Programs
 - Supplemental Nutrition Program for Women Infants and Children (WIC)
- Tobacco Prevention/Smoking Cessation
 - 5 A's Intervention
 - QuitlineNC
 - You Quit Two Quit
- Community-Wide Campaigns Promoting Use of Folic Acid Supplements
 - March of Dimes Contract
- Group-based Parenting Programs
 - Triple P

Summary

- DHHS offers an array of programs and services that are intended to improve birth outcomes and children's health
- There are evidence-based programs in use
- For many programs, accessible and relevant outcome data is lacking
- There is no one DHHS entity that appears to “in charge”
 - At least 5 DHHS Divisions are funding health and family support services for pregnant women, infants, and young children
 - DPH funds are primarily allocated to local health departments, non-profits, and contract agencies which are responsible for delivering the services